Training Risk Acknowledgement & Waiver

Southall Submission Grappling — Participant Medical Declaration and Consent to Train

Important: This form is a risk acknowledgement, medical declaration and consent-to-train document. It does not attempt to waive liability for death or personal injury caused by negligence or any other liability that cannot lawfully be excluded.

PARTICIPANT DETAILS

Full name:	_____
Date of birth:	_____ Age: _____
Address:	_____
Phone / email:	_____
Emergency contact:	_____
Emergency contact phone:	_____

PARENT / LEGAL GUARDIAN — REQUIRED FOR PARTICIPANTS AGED 13–17

Parent/guardian name:	_____
Relationship:	_____
Phone / email:	_____
Signature:	_____
Date:	_____

MEDICAL & HEALTH INFORMATION

Please provide information relevant to safe participation. If you answer “yes”, give details below. Seek medical advice where appropriate.

Asthma / breathing condition	■ Yes ■ No	Details: _____
Heart / circulation condition	■ Yes ■ No	Details: _____
Recent injury / surgery	■ Yes ■ No	Details: _____
Joint / bone / back / neck problem	■ Yes ■ No	Details: _____
Seizures / fainting	■ Yes ■ No	Details: _____
Emergency allergy	■ Yes ■ No	Details: _____
Medication relevant to training	■ Yes ■ No	Details: _____

Skin infection / open wound	■ Yes ■ No	Details: _____
Other relevant condition	■ Yes ■ No	Details: _____

INHERENT RISKS OF JIU-JITSU TRAINING

I understand that Brazilian Jiu-Jitsu / submission grappling is a physical contact sport. Even when appropriate instruction, supervision, hygiene and safety procedures are followed, participation involves inherent risks, including but not limited to:

• bruising, abrasions, mat burns, cuts and bleeding;

• muscle strains, tendon injuries, ligament sprains and tears;

• joint injuries, dislocations and fractures;

• neck, back and spinal injuries;

• head impacts, concussion and other head injuries;

• accidental pressure or impact to the face, nose, ears, eyes, teeth or other body parts;

• falls, trips, being thrown, being landed on, or accidental collision;

• temporary choking, restricted breathing or loss of balance associated with grappling;

• skin infections and other communicable illnesses;

• dehydration, overheating, fainting or other exercise-related illness;

• aggravation of an existing injury or medical condition;

• rare but serious injury, including permanent disability or death.

This list is not exhaustive.

PARTICIPANT ACKNOWLEDGEMENTS

■ The information I have provided is accurate and complete to the best of my knowledge.

■ I will tell the instructor about relevant injury, illness, medical condition or change in health.

■ I will follow reasonable instructions and stop, modify or seek assistance when instructed.

■ I will use appropriate equipment and clothing and maintain good hygiene.

■ I will not intentionally injure, intimidate or recklessly endanger another participant.

■ I will tap early and clearly and immediately release a submission when my partner taps or the instructor tells me to stop.

■ I may decline a technique or drill if I believe it is unsafe for me and will tell the instructor why.

EMERGENCY MEDICAL ASSISTANCE

If I am unable to make decisions in an emergency, I authorise the Club/instructor to seek appropriate first aid and emergency medical assistance on my behalf and, where appropriate, contact my emergency contact.

LIABILITY AND LEGAL RIGHTS

This document records my acknowledgement of inherent risks and agreement to follow safety requirements. It is not intended to exclude or restrict liability for death or personal injury caused by negligence, fraud or fraudulent misrepresentation, or any other liability that cannot lawfully be excluded or restricted. My statutory rights are not

affected.

DATA PROTECTION

A Privacy Notice is currently being prepared. Until published, please contact Southall Submission Grappling using the details above for information about how personal data is handled.

DECLARATION AND SIGNATURE

By signing below, I confirm that I have read and understood this document and agree to comply with the Club's reasonable training and safety rules.

Participant signature:	_____
Printed name:	_____
Date:	_____
Instructor / Club representative:	_____

PARENT / LEGAL GUARDIAN DECLARATION — PARTICIPANTS AGED 13–17

I confirm that I am the participant's parent or legal guardian, or otherwise have legal authority to provide this consent. I have read this form, understand the risks described above, have provided relevant information known to me, and consent to participation subject to the Club's rules and safeguarding arrangements. This does not waive or remove any legal rights or protections that apply to the participant.

Parent/guardian signature:	_____
Printed name:	_____
Date:	_____

Club use: Form received by _____ Date _____ Notes:
_____

Before use: confirm public liability insurance, venue requirements, safeguarding arrangements, first-aid procedures and a Privacy Notice. Consider UK solicitor review.